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Approved for use through 05/31/2009. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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## **Application Number** Patent#: 6,811,799 Filing Date **TRANSMITTAL** Issued: November 2, 2004 First Named Inventor **FORM** Jifu Zhao Art Unit 1761 **Examiner Name** A. J. Weier (to be used for all correspondence after initial filing) Attorney Docket Number 027141.0112D1US Total Number of Pages in This Submission

| ENCLOSURES (Check all that apply)                 |  |  |  |  |  |
|---|--|--|--|--|--|
| X Fee Transmittal Form                            | Drawing(s)   | After Allowance Communication to TC                            |  |  |  |
| X Fee Attached                                    | Licensing-related Papers   | Appeal Communication to Board of Appeals and Interferences     |  |  |  |
| Amendment/Reply                                   | Petition to Accept Unintentionally Delayed Payment of Maintenance Fees | Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |  |  |  |
| After Final                                       | Petition to Convert to a Provisional Application                       | Proprietary Information  |  |  |  |
| Affidavits/declaration(s)                         | Power of Attorney, Revocation<br>Change of Correspondence Address      | Status Letter  |  |  |  |
| Extension of Time Request                         | Terminal Disclaimer  | Other Enclosure(s) (please Identify below):                    |  |  |  |
| Express Abandonment Request                       | Request for Refund   | Credit Card Payment Form<br>Postcard Receipt                   |  |  |  |
| Information Disclosure Statement                  | CD, Number of CD(s)  |  |  |  |  |
| Certified Copy of Priority Document(s)            | Landscape Table on CD  |  |  |  |  |
| Reply to Missing Parts/<br>Incomplete Application | Remarks  |  |  |  |  |
| Reply to Missing Parts under 37 CFR 1.52 or 1.53  |  |  |  |  |  |
|   |  |  |  |  |  |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT        |  |  |  |  |  |
| Firm Name PATTON BOGGS                            | LP   |  |  |  |  |
| Signature   |  |  |  |  |  |
| Printed name Therese M. Finan                     | Therese M. Finan   |  |  |  |  |
| Date May 12, 2009                                 | Reg. N   | o. 42,533  |  |  |  |

PTO/SB/17 (10-08)

Approved for use through 06/30/2010. OMB 0651-0032

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## **FEE TRANSMITTAL** For FY 2009

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT 2,130.00

| C                    | omplete if Known         |
|----------------------|--------------------------|
| Application Number   | Patent#: 6,811,799       |
| Filing Date          | Issued: November 2, 2004 |
| First Named Inventor | Jifu Zhao                |
| Examiner Name        | Not Yet Assigned         |
| Art Unit             | Not Yet Assigned         |
| Attomey Docket No.   | 027141.0112D1US          |

| METHOD OF PAYMEN   | IT (check all                      | that apply)                           |              |                          |                 |                            |             |               |
|--|------------------------------------|---------------------------------------|--------------|--------------------------|-----------------|----------------------------|-------------|---------------|
| Check X Credit   | Card                               | Money Order                           | None         | Other (                  | please identify | r):                        |             |               |
| Deposit Account Dep  | osit Account Num                   | ber:50-                               | 2228         | Deposit A                | Account Name:   | Patto                      | n Boggs I   | <u>LP</u>     |
| For the above-iden   | tified deposit                     | account, the D                        | irector is h | ereby authorize          | d to: (chec     | k all that apply)          |             |               |
| Charge fee(s   | ) indicated be                     | elow                                  |              | Charge                   | e fee(s) ind    | icated below, e            | cept for t  | he filing fee |
| Charge any a   | dditional fee                      | (s) or underpay                       | ments of     | Crodit                   | any overpa      | vmonte                     |             |               |
| fee(s) under   |                                    |                                       |              |                          | ally Overpa     | ymens                      |             | ,             |
| FEE CALCULATION  |                                    |                                       |              |                          |                 |                            |             |               |
| 1. BASIC FILING, SEARC   | •                                  |                                       |              |                          |                 |                            |             |               |
|  | FILIN                              | IG FEES Small Entity                  | SEAR         | CH FEES                  | EXAMIN          | ATION FEES<br>Small Entity |             |               |
| Application Type   | Fee (\$)                           | Fee (\$)                              | Fee (\$)     | Small Entity<br>Fee (\$) | Fee (\$)        | Fee (\$)                   | Fees        | Paid (\$)     |
| Utility  | 330                                | 165                                   | 540          | 270                      | 220             | 110                        |             |               |
| Design   | 220                                | 110                                   | 100          | 50                       | 140             | 70                         |             |               |
| Plant  | 220                                | 110                                   | 330          | 165                      | 170             | 85                         |             |               |
| Reissue  | 330                                | 165                                   | 540          | 270                      | 650             | 325                        |             |               |
| Provisional  | 220                                | 110                                   | 0            | 0                        | 0               | 0                          |             |               |
| 2. EXCESS CLAIM FEES   |                                    |                                       |              |                          | •               |                            | •           | Small Entity  |
| Fee Description  |                                    |                                       |              |                          |                 |                            | Fee (\$)    | Fee (\$)      |
| Each claim over 20 (include  | •                                  | •                                     |              |                          |                 |                            | 52          | 26            |
| Each independent claim or  |                                    | ng Reissues)                          |              |                          |                 |                            | 220         | 110           |
| Multiple dependent claims  |                                    |                                       |              |                          |                 |                            | 390         | 195           |
| Total Claims Ex  | tra Claims                         | Fee (\$)                              | Fee          | Paid (\$)                |                 | ultiple Depend             |             | -             |
| HP = highest number of total cla   | ime poid for if                    | = = = = = = = = = = = = = = = = = = = | •            | <del> </del>             | . Fee           | <u>) (\$)</u>              | Fee Paid (  | <u>\$)</u>    |
|  | nins paid ioi, ii (<br>itra Claims |                                       | Eoo          | Paid (\$)                |                 | <del></del>                |             |               |
| - 3 or HP =  |                                    | Fee (\$)                              | - 100        | raid (\$)                |                 |                            |             |               |
| HP = highest number of indepen   |                                    |                                       | n 3.         |                          |                 |                            |             |               |
| 3. APPLICATION SIZE FE   | E                                  |                                       |              |                          |                 |                            |             |               |
| If the specification and di  | awings exce                        | ed 100 sheets o                       | of paper (ex | cluding electro          | onically file   | ed sequence or             | computer    |               |
| listings under 37 CFR  |                                    |                                       |              |                          | or small en     | tity) for each a           | dditional 5 | 0             |
| sheets or fraction there   |                                    |                                       |              | ·                        |                 |                            | Foo         | Dald (#)      |
|  | xtra Sheets                        |                                       |              | itional 50 or frac       |                 |                            | <u> </u>    | Paid (\$)     |
| 4. OTHER FEE(S)  |                                    | /50 =                                 | (i           | ound <b>up</b> to a who  | ne number)      |                            |             | Paid (\$)     |
| 4. OTHER PEE(5)  |                                    |                                       |              |                          |                 |                            | 1.000       | raid (4)      |
| Other (e.g., late filing surcharge): 2551 Maintenance fee due at 3.5 years |                                    |                                       |              | 4                        | 90.00           |                            |             |               |
| onici (c.g., iate innig s  |                                    | 558 Surcharg                          |              |                          |                 | is                         | 1,6         | 640.00        |
|  |                                    |                                       |              |                          |                 |                            |             |               |

| SUBMITTED BY      | <i>7</i> 70      |                                   |        |           |                |
|-------------------|------------------|-----------------------------------|--------|-----------|----------------|
| Signature         | Leginar          | Registration No. (Attorney/Agent) | 42,533 | Telephone | (703) 744-8069 |
| Name (Print/Type) | Therese M. Finan |                                   |        | Date      | May 12, 2009   |